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| **Request for Purchase Order** |  |
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| **Date:** | **5-Oct-11** |  |  |  |  |  |
| **Contact Name:** | **Dott Salyer** |  |  |  |  |  |
| **E-mail:** | salyerd@bv.com |  |  |  |  |  |
| **Fax:** | **913-458-7689** |  |  |  |  |  |
| **Address:** | **10950 Grandview Drive** |  |  |  |  |
|  | **Overland Park, KS 66210** |  |  |  |  |
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|  |  |  |  |  |  |  |
| **USID** | **Site Number** | **FA ID** | **Description** |  **LineAmount**  | **Tower Height** | **Tower Type** |
|  |  |  |  |  |  |  |
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|  |  |  | **AmountRequested** |  **$**  |  |  |
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